

To redistribute a collection to a different case, request removal of the collection applied to the wrong FIP case. Cross out the misreported collection and enter zeros above the deletion on a copy of the collection report. Complete form FIA-316, Incentive Payment Request, to establish a new collection record for the case to which the collection should be applied.

### EXAMPLE OF DELETION PROCEDURE

Date: MM/DD/YY		CSES CENTRAL FINANCIALS UNDISTRIBUTED COLLECTION REPORT For the Processing Year/Month of				Page: yy		
***** * County Code: 88 Co. Name * *****								
Trans#	Court Order No	DSS Case No	DSS Case Name	Year Month	Current Amount	Arrears Amount	Reason Code	Times Pend
99999	82127456DP	V3994567A	Endrev, Karen	93/02	<del>100.00</del>	<del>200.00</del>	1	01
99999	87993456DS	V2422567A	Darles, Marcy	93/02	175.00	200.00	1	01
99999	89123666DM	V1233367	Shippy, Diane	93/02		200.00	2	01

INCENTIVE PAYMENT REQUEST State of Michigan Family Independence Agency									
<i>INSTRUCTIONS: This form must be completed for all Friend of the Court cases where the payee is an Aid to Dependent Children recipient and collection on her account has been made.</i>									
PLEASE PRINT OR TYPE									
1. CLIENT NAME - FRIEND OF THE COURT PAYEE (Last, First, Middle)					2. FIA CASE NUMBER			3. F.O.C. NUMBER	
F A R L O W C A R O L					V 1 2 3 4 5 6 7 A			9 9	
4. COLLECTION MONTH/YEAR		5. RECORD TYPE (Check one only)		6a. CURRENT COLLECTION AMOUNT		6b. ARREARAGE COLLECTION AMOUNT		7. FEDERAL CONTROL NUMBER	
0 2 9 3		<input type="checkbox"/> A. Current support collection <input type="checkbox"/> B. Arrearage support collection <input type="checkbox"/> C. Current AND Arrearage		1 0 0 0 0		2 0 0 0 0		2 6 1 1 5 0	
<b>NOTE:</b> Items 1 through 7 <b>MUST</b> be completed before incentive payments will be made to the client-payee or to the counties. Items 8 through 10 are to be completed for case control reporting purposes.									
8. PAYOR SOCIAL SECURITY NUMBER			9. COURT CASE IDENTIFIER				10. SUPPORT SPECIALIST NUMBER		
			8 9 1 2 3 4 5 6 D M				CO 9 9 DIST. UNIT WK.		
AUTHORITY: 45 CFR 302.14, 302.32, 303.52. COMPLETION: is required. PENALTY: Incentive payments will not be made unless equivalent listing or tape is submitted.				AUTHORIZED SIGNATURE /s/			DATE 01/04/01		
The Family Independence Agency will not discriminate against any individual or group because of race, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with read writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to FIA office in your county.									

FIA-316 (Rev. 6-96) Previous edition may be used.